Candidates, and New Employees LTC^	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTION TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? EXEMPTION – Have you excluded from this report any other assets, "unearmed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	D. Did you, your spouse, or your dependent child have any reportable Yes X No liability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No Persorating period?	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? No No No No No No No No No N	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	New Member of or Candidate for State: FL U.S. House of Representatives District: 7 Candidates – Date of Election: HW, 28, 2018	Name: UMMIR V. FRUCTOS Daytime Telephone:	UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and
	ed not be disclosed. Have you excluded hild because they meet all three tests for					rions .	overed: January 1, 2017	ent W	-	New Employees

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE A – ASSETS	SCHEDULE A – ASSETS & "UNEARNED INCOME"	Name: Unnia	a V. François	Page 2 of 6
BLOCK A	вгоск в	BLOCK C	BLOCK D	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	16
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned income during the year.	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for seate hold in tax-hib accounts. Check	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	may check the "None" column. For all other also box below. Dividends, interest, and one for assets held in taxable accounts. In which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	*Column M is for assets held by your spouse or dependent child in which you have no interest.	"None" if the asset generated no income during the reporting period.		
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.			Current Year	Preceding Year
For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	A B C C D E T G H		× × × × × =	V V VI VII VII X X X XI XI
For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.		ome)		
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	•	me or Farm Inc		
Exclude: Your personal residence, including second homes and vacation homes (umless there was rental income during the reporting period); and any financial interest in, or income delived from, a federate retirement program, including the Thrift Savings Plan.		z., Partnership Inco	000*	000*
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	0		r \$1,000,0	er \$1,000,0
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	5,000 50-000 \$250,000 \$500,000 \$1,000,000 11-\$5,000,000 11-\$25,000,000 001-\$50,000,000	GAINS ED/BLIND TRU ERRED	2,500 5,000 15,000 \$50,000 \$100,000 -\$1,000,000 01-\$5,000,000	2,500 5,000 115,000 \$50,000 \$100,000 1-\$1,000,000 01-\$5,000,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$500,001 \$1,000,00 \$5,000,00 \$25,000,0 Over \$50	TAX-DEF	\$100,00° \$1,000,0 Over \$5, Spouse/ None \$1-\$200	\$100,00 \$1,000,0 Over \$5,
SP, Mega Corp Stock ElF	×	X	×	×
Examples:	Indefinite	Royalties	×	×
	×	Partnership Income	×	×
Lackheed Martin	X	×	*	
2 3				

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: VIMMIR I FRANCOIS

Page 3 of 6

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	1	1	1	1	1							1				Spouse/DC Income over \$1,000,000*	≚			

SCHEDULE C - EARNED INCOME

Name:	
Vennia	
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Mancois	
Page 4 of	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff

		Arr	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Honorarium Salary	\$20,000	\$500 \$76,000
	Spouse Salary	N/A	N/A
CALT - ISS INC.	Salara	NA	# 67,841
LM operation Support Inc. (Lockheed Martin)	salary	ZA	84 \$
	-		

SCHEDULE D - LIABILITIES

Name: Unaia V. TRANCOIS Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. (unless you rent it out or are a Member), loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence

				SP, DC, JT		
	_	M	Example			
		Department of Ed.	First Bank of Wilmington, DE	Creditor		
		1/18	5/98	Date Liability Incurred MO/YR		
		Student Leans	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	c a	
				\$50,001- \$100,000	c	
		×	×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	71	t of Li
				\$1,000,001- \$5,000,000	6	Amount of Liability
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				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	_	
				Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraterial, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Fmoley 80	CACI IN THE
The sharest	IN Operations Support Inc Lockheld Martin

SCHEDULE F - AGREEMENTS

GREEMENTS	Name: VINNIA V. Francis	Page 4 of 4
and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the last the	espect to: future employment, a leave of absence during the period of	the period of government service;

Identify the dacontinuation cemployer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
	NA	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
M	UA	